

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	mc	20	03-19-01
O.I.P.E. CLASSIFIER		4/6	
FORMALITY REVIEW	TW	880	04-17-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	+	8/4/02	
2		✓	
3		✓	
4		✓	
5		✓	
6		✓	
7		✓	
8		✓	
9		✓	
10		✓	
11		✓	
12		✓	
13		✓	
14	+	N	
15	+	N	
16	+	N	
17	+	N	
18	+	N	
19	+	N	
20	+	N	
21		N	
22		N	
23		N	
24		N	
25		N	
26		N	
27		N	
28		N	
29	+	N	
30		N	
31		N	
32		N	
33		N	
34		N	
35		N	
36		N	
37		N	
38		N	
39		N	
40		N	
41		N	
42		N	
43		N	
44		N	
45		N	
46		N	
47	+	N	
48	+	N	
49	+	N	
50	+	N	

Claim	Final	Original	Date
51	+	8/4/02	
52	+	✓	
53	+	✓	
54	+	✓	
55	+	✓	
56	+	✓	
57		✓	
58		✓	
59		✓	
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100		✓	

Claim	Final	Original	Date
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If more than 150 claims or 10 actions
 staple additional sheet her

(LEFT INSIDE)

TW
 05/01